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STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD.262 (REV. 6-93c)						See Instructions and *Privacy Statement below					· Page		of .	Pages
		NAME	SOCIAL SECURITY NUMBER						DEPARTI	MENT				
	L. Jac											HCD		
POSI		:		-	Bargainin	ng Unit#	DIVISIO	N OR BU	REA	U			INDEX	PCA
Direc	tor				E	99	Executi	ve Office)				5103	50001
		ADDRESS						JARTERS		DRESS		TELEPHO	NE NUM	BER
							1800 Th	nird Stree	et, S	uite 450		9	16 445-4	775
CITY	1			STATE	ZIP CODE		CITY					STATE	ZIP CODE	
Sacra	amento)		CA			Sacram	ento				CA	98	5811
(1) MON	TH /YEAR	(3)	(4)	(5) N	MEALS	T	(6)	(7)	TRA	NSPORTATI	ON		(8)	(9)
(2)	ot-09	LOCATION WHERE EXPENSES		BREAK-		O.T., L/T, NC, RELO OR	INCIDEN-	(A)			PRIVAT	(D) E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PRKG	MILES	AMOUNT	EX. 2.102	FOR DAY
10/1		Sacramento Meetings							PC	4.50	4	2.20		6.70
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(10)	, ,	SUBTOTALS	-	-	-	-	-	_	-	4.50	4.00	2.20	-	6.70
COLU	JMN CC	DDE (ACCTG: USE ONL CLAIM TOTAL	Y)										\$	6.70
(11)	PURPO	OSE OF TRIP, REMAR	RKS AND I	DETAILS	ith Sean	Spear (1			(12) NOR	MAL WORK I	10URS /1 - 5:00	PM
10/1	- Direc	stor riad meetings in S	aoranienio	iiiet w	ili Oball	ohear (JJLA0)				(13) PRIV	ATE VEHICLE		
T.											(14) MILE	AGE RATE C		
							4				AGF		0.55 OUNTING	OFFICE
														i Times Cali

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

USE ONLY PAID BY REV. FUND CHECK No.

CLAIMANT'S SIGNATURE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

Lynn L. Jacobs

11/05/09

Elliott Mandell

11/05/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

DATE

Director			XPENSE CLAIM 93c)					ns and *i nt belov				Page		of	Pages
POSITION								SOCIAL	SECURI	TY N	UMBER		DEPART	IENT	
POSITION	Lynn	L. Jaco	obs	•									HCD		
HEADQUARTERS ADDRESS TELEPHONE NUMBER 1916 445-4775 1916 445-4775 1916 445-4775 1916 145-4775 19	 					Bargainin	g Unit#	DIVISIO	N OR BU	REA	U			INDEX	PCA
1800 Third Street, Suite 450 916 445-4775	Direc	tor				E	99								L
STATE ZIP CODE CA STATE ZIP CODE CA SS811	RESI	ENCE	ADDRESS			•		HEADQ	JARTERS	S AD	DRESS		TELEPHO	ONE NUM	BER
Secremento CA Secremento CA 95811									nird Stree	et, S	uite 450		<u> </u>		775
No.						ZIP CODE			1 _						5014
Oct-09	Sacra	mento	T.:		CA T			<u> </u>	<u> </u>			-	CA		
Control Cont	(1) MONT	H/YEAR	(3)	(4)	(5) N	IEALS	<u></u>	、 (6)	(7)	TRA	SPORTATI	ON		(8)	(9)
DATE TIME WERE SECURATED LODGING PAST LUNCH DINNER TALS TRAIS WERE SECURATED POR DAY		t-09					NC, RELO.	INCIDEN	1.7	(B)				BUGINESS	l
107 Sacramento Meetings		TIME		LODGING		LUNCH									
10/7 Sacramento Meelings	10/5		Sacramento Meetings							PC	4.50	4	2.20		6.70
Viselia / Angeles/ Ventura Viselia / Viseli										РС	6.00	4	2.20		8.20
10/12 Camarillo	10/8	0500	Sacramento to Visalia		6.00	10.00	18.00		28.23	RC			-		62.23
10/12 Camarillo			Visalia / Angeles/ Ventura		,								-		-
Burbank to Sacramento	10/9	con't	Sherman Oaks						ļ				-		-
1300 End of Trip 1300 End of	10/12		Camarillo					6.00	34.60	RC					40.60
(10) SUBTOTALS - 6.00 10.00 18.00 6.00 62.83 - 45.50 8.00 4.40 - 152.73 COLUMN CODE (ACCTG USE ONLY) CLAIM TOTAL \$ 152.73 (11) PURPOSE OF TRIP, REMARKS AND DETAILS 10/5 - Meeting at the Department of Finance. 10/7 - Meeting with LaShelle Dozier (SHRA). 10/8 - 8:00 AM - 5:00 PM Torove to Vasialia for a Speaking Engagement with the Homebuilders Association and from Visialia to LA to Ventura (Stayed w/ relatives). 10/9 - Early morning meetings in Sherman Oaks with California Lutheran/ BIA of Southern CA. 10/12- Early AM meeting in CamarilloDrove to Burbank Airport for flight to Sacramento HQEnd of Trip 1300 (14) MILEAGE RATE CLAIMED O55 AGENCY:ACCOUNTING OFFICE		-	Burbank to Sacramento							Т	35.00		-		35.00
(10) SUBTOTALS - 6.00 10.00 18.00 6.00 62.83 - 45.50 8.00 4.40 - 152.73 COLUMN CODE (ACCTG-USE ONLY) CLAIM TOTAL \$ 152.73 (11) PURPOSE OF TRIP, REMARKS AND DETAILS 10/5 - Meeting at the Department of Finance. 10/7 - Meeting with LaShelle Dozier (SHRA). 10/8 - 10/8		1300	End of Trip											118.8.180	-
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California Lutheran/ BIA of Southern CA. 10/12- Early AM meeting in CamarilloDrove to Burbank Airport for flight to Sacramento HQEnd of Trip 1300 0.55 AGENCY ACCOUNTING OFFICE USE ONLY	to LA	to Va to Ver	รเลแล for a Speaking E ntura (Stayed w/ relativ	:ngagemer ·es). 10/9 -	it with the Early me	e Homer orning m	eetings i	n Sherm	ion and i ian Oaks	with	า	(13) PRIV	ALE VEHICLE	E LICENSE IN	o.
AGENCY, ACCOUNTING OFFICE USE ONLY	Califo	rnia Li	utheran/ BIA of Southe	rn CA. 10	/12- Earl	y AM me	eting in	Camarill	oDrove	e to l	Burbank	(14) MILE			
USE ONLY	Airpo	rt for fli	ight to Sacramento HC	ı⊨nd of I	rip 1300				•			lik ACE			OFFICE
■ HAIL DA DEA FLIND CREAL MY													. USI	ONLY	

CLAIMANT'S SIGNATURE

Lynn L. Jacobs

11/05/09

Elliott Mandell

11/05/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

11/05/09

DATE

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION See Instructions and *Privacy TRAVEL EXPENSE CLAIM Statement below STD.262 (REV. 6-93c) DEPARTMENT SOCIAL SECURITY NUMBER CLAIMANT'S NAME **HCD** Lynn L. Jacobs POSITION Bargaining Unit# DIVISION OR BUREAU INDEX PCA 5103|50001 E 99 **Executive Office** Director TELEPHONE NUMBER **HEADQUARTERS ADDRESS** RESIDENCE ADDRESS 1800 Third Street, Suite 450 916 445-4775 STATE ZIP CODE CITY STATE ZIP CODE CITY 95811 CA Sacramento CA Sacramento TRANSPORTATION (7) (1) MONTH/YEAR MEALS (6) (8) (9) (3) (4) O.T., 1/T. (D) Oct-09 (A) (B) (C) LOCATION TOTAL NC. RELO CARFARE PRIVATE CAR USE WHERE EXPENSES (2) INCIDEN RUSINESS BREAK-OR COST OF EXPENSES TYPE TOLLS, EXPENSE FAST LUNCH DINNER TALS TRANS MILES AMOUNT FOR DAY WERE INCURRED LODGING USED DATE TIME PRKG Sacramento to San PC 10.00 56.44 86 47.30 10/13 0500 Francisco Comp 6.00 119.74 PC 49 Comp 4.00 26.95 30.95 10/14 San Francisco to Napa PC 62 34.10 34.10 10/16 1500 Napa to Sacramento PC 2 1.10 4.50 5.60 10/20 Sacramento Meetings PC 19.75 4 2.20 21.95 10/21 Sacramento Meetings PC 116 63.80 0500 Sacramento to Vallejo 63.80 10/22 1100 End of Trip РС 9.00 2.20 11.20 Sascramento Meetings (10)323 00 177 65 287.34 SUBTOTALS 6.00 10.00 93 69 COLUMN CODE (ACCTG. USE ONLY) **CLAIM TOTAL** 287.34 (11) PURPOSE OF TRIP, REMARKS AND DETAILS (12) NORMAL WORK HOURS 10/13 - Director drove from Sacramento to San Francisco for a Speaking Engagement at the NPH Conference 8:00 AM - 5:00 PM lodging and meals were complimentary. Parking was paid by the Director. 10/14 - Director drove from San (13) PRIVATE VEHICLE LICENSE No. Francisco to Napa for CBIA Annual . Lodging was complimentary. 10/15- Meetings w/ CBIA Caucus groups. 10/16 -CBIA Meetings ended at Noon - Director drove back to Sacramento HQ Trip ended at 1500 hours. 10/20 (14) MILEAGE RATE CLAIMED - Meeting at Governor's Office 10/21 - Sacramento Meetings 10/22 - Director drove from Sacramento to Vallejo for a Speaking Engagement at the Lender and Realtor Outreach Breakfast. Drove back to Sacramento for AGENCY ACCOUNTING OFFICE afternoon meetings. USE ONLY PAID BY REV. FUND CHECK No. (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and If mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

Lynn L. Jacobs

11/05/09

Elliott Mandell

11/05/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

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TRA\ STD.262	(REV. 6-	93c)				Stateme	nt belov	V			Page		of	Pages		
		NAME		***************************************	••••••		SOCIAL	SECURI	TY N	UMBER		DEPART	MENT			
Lvnn	L. Jac	obs										HCD				
POSIT					Bargainir	Bargaining Unit # DIVISION OR BUREAU						<u> </u>	INDEX	PCA		
Direct	or				E	99	Executi	ve Office)				5103	50001		
RESID	ENCE	ADDRESS					HEADQI	JARTER	S AD	DRESS		TELEPHO	ONE NUM	BER		
							1800 Th	nird Stre	et, S	uite 450		9	16 445-4	775		
CITY				STATE	ZIP CODE		CITY					STATE	ZIP CODE			
Sacra	mento			CA			Sacram	ento				CA	9	5811		
(1) MONTI	H/YEAR	(3)	(4)	(5) N	TEALS	······	(6)	(7)	TRA	NSPORTATI	ON		(8)	(9)		
Oa	t-09	LOCATION				O.T., L/T,		(A)	(B)	(C)		(D)				
(2)	1-03	LOCATION WHERE EXPENSES		BREAK-		NC, RELO. OR	INCIDEN-	COST OF	TYPE	CARFARE	PRIVAT	(D) TE CAR USE	BUSINESS	TOTAL EXPENSES		
DATE	TIME	WERE INCURRED	LODGING	.FAST	LUNCH	DINNER	TALS	TRANS	USED		MILES	AMOUNT	EXPENSE	FOR DAY		
10/26	0900	Sacramento to Monterey	131.45		10.00	18.00				19.00		-		178.45		
10/27		Pacific Grove to Los Angeles to Anaheim	150.12	6.00	10.00	18.00	6,00	46.11	RC	16.00				252.23		
10/28		Anaheim to Camarillo		6.00	10.00									16.00		
10/29		Ventura to Los Angeles	125.46	·.				43.21	RC	40.00		-		208.67		
10/30		Los Angeles		,				14.44	RC			_		14.44		
	2200	Trip Ended			<u></u>	,								-		
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(10)		SUBTOTALS	407.03	12.00	30.00	36.00	6.00	103.76	11/9/1985	75.00	40.000.689	-		669.79		
COLU	MNGO	DE (ACCTG: USE ONL) CLAIM TOTAL	()								as luttil		\$	669.79		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS											(12) NORMAL WORK HOURS					
10/26 - Picked up Rental Car from Sacramento A/P and drove to Monterey. 10/27 - Speaking Engagement for the California Coalition for Rural Housing Conferencedrove to Los Angeles for the Los Angeles Business												8:00 AM - 5:00 PM (13) PRIVATE VEHICLE LICENSE No.				
		Coalition for Rural Housi	-			-					(13) PRIV	ATE VEHICLE	E LICENSE N	0.		
Engag	ement:	at the CRA Affordable Ho	ousing Confe	erence in	Garden G	rove. me	eting in C	amarillo	.stay	ed with	(14) MILE	AGE RATE C				
Los Ar	igeles l	Housing Summit Renta	i Car was re	turned 1	rip ended	l at 2200	hours		J		0.00					
			•	•							AGENCY ACCOUNTING OFFICE USE ONLY					
,												PAID BY REV	. FUND CHE	CK No.		

DATE

Lynn L. Jacobs 11/05/09 E

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

CLAIMANT'S SIGNATURE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

Elliott Mandell

DATE

11/05/09 DATE